

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE L.
h.d.
2008 OCT 20 PM 1:01

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS FOR KOHLS DORF

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

ERIC KOHLS DORF

Political Party (if applicable)

REPUBLICAN

Office Sought

STATE HOUSE OF REPRESENTATIVES

District (if Senate or House)

61

FORM
DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1802

WRS WRS

10-29-08

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Lugay J. Kohlsdorf
SIGNATURE OF PERSON FILING REPORT

515-988-8084
TELEPHONE

10-20-08
DATE SIGNED

I AM FILING A MAY 30 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED 5-30-08

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

S/B 0 \$

100.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

S/B 1300.

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1200.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

1300.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1300.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

JOWANS FOR KOHLSDOFF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5.15.08	ID# CK#	STEVE BOAL 3301 SW TIMBERLIVE ROAD ANKENY, IA 50023		\$ 100.00	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 100.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

ON AMENDMENT

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	
<i>No change</i>	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS FOR KOHLSDORF

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05-15-08	ID# CK#	GREGORY L. O'HARA 8550 NW 26th ST ANKENY, IA		\$ 250 ⁰⁰	
05-15-08	ID# CK#	MATTHEW OR TARA MEREDITH 2713 NE SEVECA DR ANKENY, IA 50021		500 ⁰⁰	
5-15-08	ID# CK#	ERIC KOHLSDORF 3703 SW 28th PL DES MOINES, IA 50321		250 ⁰⁰	
5-15-08	ID# CK#	JIM BOSIER 6410 N. BUTLER ROAD CEDAR FALLS, IA 50613		100 ⁰⁰	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$

TOTAL (if last page of this schedule)

\$ 1100⁰⁰

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Page _____ of _____
(for Schedule A)

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

0185
FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
HIDMUN
2008 MAY 30 PM 2:17

COMMITTEE NAME (Must be same as on Statement of Organization)

FOWNS FOR KOHLSDORF

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

ERIC KOHLSDORF

Political Party (if applicable)

REPUBLICAN

Office Sought

STATE HOUSE OF REPRESENTATIVES

District (if Senate or House)

61

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1802

Logged In

e v

Scanned

✓

Computer

WRS DV

Audited

6-4-08 e

3 pages

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Gregory P. Kula
SIGNATURE OF PERSON FILING REPORT

515-988-8084

TELEPHONE

5-30-08

DATE SIGNED

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(report date)

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ADD TOTAL MONEY TAKEN IN THIS PERIOD

S/B 1200.00

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

TOWNS FOR KOHLSDOFF

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05/13/08	ID# CK#	THOMAS OR MEGAN OBRIEN 7364 - 244 th ST CASCADE, IA 50233-8624		\$100. ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
				SUB-TOTAL	
				TOTAL (if last page of this schedule)	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 1100.00

TOTAL (if last page of this schedule)

S/B 1200.00

\$ 1100⁰⁰

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Page 2 of 2
(for Schedule A)